



ITW

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/609,079
		Filing Date	June 27, 2003
		First Named Inventor	Timothy J. Parker
		Art Unit	2836
		Examiner Name	Daniel J. Cavallari
Total Number of Pages in This Submission	20	Attorney Docket Number	3239P106

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	June 30, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Susan McFarlane		
Signature		Date	June 30, 2006



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

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☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

1. EXTRA CLAIM FEES		Extra Claims	Fee from below	Fee Paid						
Total Claims	<table border="1"><tr><td>34</td></tr></table>	34	34* = <table border="1"><tr><td>0</td></tr></table>	0	X	<table border="1"><tr><td>50.00</td></tr></table>	50.00	=	<table border="1"><tr><td>\$0.00</td></tr></table>	\$0.00
34										
0										
50.00										
\$0.00										
Independent Claims	<table border="1"><tr><td>5</td></tr></table>	5	5* = <table border="1"><tr><td>0</td></tr></table>	0	X	<table border="1"><tr><td>200.00</td></tr></table>	200.00	=	<table border="1"><tr><td>\$0.00</td></tr></table>	\$0.00
5										
0										
200.00										
\$0.00										
Multiple Dependent					=					

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	2202	50	25	Claims in excess of 20
1201	2201	200	100	Independent claims in excess of 3
1203	2203	360	180	Multiple Dependent claim, if not paid
1204	2204	790	395	**Reissue independent claims over original patent
1205	2205	300	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)				(\$) 0.00

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	2051	130	65	Surcharge - late filing fee or oath	
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet.	
2053	2053	130	130	Non-English specification	
1251	2251	120	60	Extension for reply within first month	
1252	2252	450	225	Extension for reply within second month	
1253	2253	1,020	510	Extension for reply within third month	
1254	2254	1,590	795	Extension for reply within fourth month	
1255	2255	2,160	1,080	Extension for reply within fifth month	
1401	2401	500	250	Notice of Appeal	
1402	2402	500	250	Filing a brief in support of an appeal	
1403	2403	1,000	500	Request for oral hearing	
1451	2451	1,510	1,510	Petition to institute a public use proceeding	
1460	2460	130	130	Petitions to the Commissioner	
1807	1807	50	50	Processing fee under 37 CFR 1.17(q)	
1806	1806	180	180	Submission of Information Disclosure Stmt	
1809	1809	790	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	2810	790	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)					
SUBTOTAL (2)				(\$)	

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature		Date	06/30/06		